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Patent

SEP 15 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Howard W. DeMoore, et al.

§ § Group Art Unit: 2854

Serial No.:

10/083,785

Examiner: Marvin P. Crenshaw

Filed:

February 25, 2002

For:

Inexpensive, Wash-Free Cover for

Printing Press Transfer Cylinder

Confirmation No.: 5468

CERTIFICATE OF TRANSMISSION

Mail Stop: RCE

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Pursuant to 37 C.F.R. §1.8, I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to Facsimile No. (571) 273-8300 on 4/15/2005

Edith S. Shek

AMENDMENTS AND RESPONSE TO FINAL OFFICE ACTION OF JUNE 16, 2005

Sir:

In response to the Final Office Action dated June 16, 2005, Applicants respectfully request entry of the following amendments and the corresponding Request for Continued Examination.

Amendments to the Claims are reflected in a Listing of Claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.

SEP 15 2005

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PTO/SB/17 (12-84)

Approved for use through 07/31/2008, OM8 0651-0032

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Effective on 12/08/2004. Pees ourseant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known				
FEE TRANSMITTAL			Application Number 10/083,785				
			Filing Date	Febru	ebruary 25, 2002		
For FY 2005		First Named Invento	Howa	Howard W. DeMoore			
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Marvir	Marvin P. Crenshaw			
		Art Unit	2854	2854			
TOTAL AMOUNT OF PAYMENT (\$) 395.00		Attorney Docket No	4040	02800			
METHOD OF PAYMENT (check all that apply)							
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES							
Application Type Fe	Small Entity 9 (\$) Fee (\$)	Eee (S	<u>Small Entity</u>) <u>Fee (3)</u> !		Entity e (\$)	Foes Pal	(d. (\$)
Utility 30	00 150	500			00		
Design 20	00 100	100			65 -		
Plant 20	00 100	300			80 _		
Reissue 30	00 150	500			00 _		
Provisional 20	00 100	0	0	0	0		
2. EXCESS CLAIM FEES Borall Emity							
Fee (5) Fee (5)							
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25. Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100.							
Multiple dependent claims 360 180							180
Total Claims HP=56 Extra 56 . 20 or HP =		Fee	P eid (\$) M: 0.00		dent Claims		
HP = highest number of total ctaims			0.00	Fee (3)	Fee Paid (<u>5)</u>	
Indep Claims HP=13 Extra	Claims Fee (5)	Fee F	Paid (\$) 0.00			_	
9 -3 or MP = 0 x 100.00 = 0.00 HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Entre Sheets Number of each additional 50 or fraction thereof Foo (5) Fee Paid (5)							
Total Sheets Extre Sheets Number of each additional 50 or fraction thereof Foo (5) Fee Paid (5) 100 = 0 / 50 = 0 (round up to a whole number) x 0 = 0.00							
4. OTHER FEE(S) Non-English Specification, \$130 fcc (no small entity discount) 0.00							
Other: Request for Continued Examination (RCE) (\$395)							
RUBARTTED BY							
ignature M.	ARO		Registration No. 39,8	00	Telephone (8	72) 731	-2288
sme (Print/Type) Michael M	Pinor		Aftorney/Agent) 33,6	-		12/131	

This collection of intermention is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be seen to the Chief Indomestion Officer, U.S. Petent and/or sufference of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. On NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/06 (08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 083785 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) NUMBER FILED NUMBER EXTRA RATE RATE FEE FEE (37 CFR 1,16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 OR BEST AVAILABLE COPY MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST NUMBER PRESENT REMAINING RATE ADDI-RATE ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus 40 (37 CFR 1.16(c)) OR independent (37 CFR 1.16(b)) Minus 10 = = X 5 OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Calumn 2) (Column 1) (Column 3) CLAIMS HIGHEST m PRESENT REMAINING RATE ADDI-RATE NUMBER ADDI-ENT PREVIOUSLY **EXTRA** TIONAL TIONAL **AMENDMENT** PAID FOR FEE FEE Total (37 CFR 1.16(cj) Minus AMENDM 30D OR Minus Independent (37 CFR 1,18(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) **OR** TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA** ENT PREVIOUSLY TIONAL **AFTER** TIONAL AMENDMENT PAID FOR FEE Total (37 CFR 1.15(c)) Minus ENDMI OR X 5 Minus independent (37 CFR 1.15(b)) OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

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"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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